RECEIVED FOR TALL CENTER

2010 APR 30 AH 10: 26

FEC FORM 1	STATEMENT OF ORGANIZATION						Office Use O	inly
1. NAME OF COMMITTEE (II	n full)		Check if names changed)		ample:If typing, type or the lines.	12FE4	м5	<del></del> -
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				CITY		STATE	ZIP	CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
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COMMITTEE'S WEE	B PAGE AL	DRESS (UI	RL)					
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2. DATE 0 4 2 9 2 0 1 0  3. FEC IDENTIFICATION NUMBER								
4. IS THIS STATE	MENT	NEW	(N) O	R [	AMENDED (A	)		
I certify that I have	examined	his Stateme	nt and to the	best of my	knowledge and belie	ef it is true, cor	rrect and complet	θ.
Type or Print Name	of Treasur	er Nancy	H. Watkin	<b>S</b>				
Signature of Treasurer  Date  Date  Date  Date								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use					For further information Federal Election Community Toll Free 800-424-9530	nission		FORM 1 d 02/2009)